

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**(a) Name **U.S. Chamber of Commerce**(b) Address (number and street) ☐ check if different than previously reported
1615 H Street NW(c) City, State and ZIP Code
Washington DC 20062

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number**C** C30001101**3. Is This Statement**☒ **New**

or

☐ **Amended****4. Covering Period**MM / DD / YYYY
02 / 06 / 2012

through

MM / DD / YYYY
02 / 09 / 2012**5. (a) Date of Public Distribution(s)**MM / DD / YYYY
02 / 09 / 2012(b) Communication Title Fighting**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐ No ☐**8. Custodian of Records**

(a) Name

Wade Powers

(b) Address (number and street)

1615 H Street NW

(c) City, State and ZIP Code

Washington

DC 20062

(d) Name of Employer or Principal Place of Business

U.S. Chamber of Commerce

(e) Occupation

Executive Director

9. Total Donations This Statement

, , .00

10. Total Disbursements/Obligations This Statement

, , 200000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Wade PowersSIGNATURE Wade Powers[Electronically Filed] DATE 02/09/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (a) Name Rob Engstrom	Transaction ID : F91.000001
(b) Address (number and street) 1615 H Street NW	
(c) City, State and ZIP Code Washington	DC 20062
(d) Name of Employer or Principal Place of Business U.S. Chamber of Commerce	(e) Occupation Senior Vice President

B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

PAGE 3 OF 3

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee Revolution Agency <hr/> Mailing Address of Payee 1090 Vermont Ave NW <hr/> City State Zip Code Washington DC 20005 <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Fighting TV Spot - Production and Media				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 02 / 06 / 2012 </div> Amount <div style="border: 1px solid black; padding: 2px;"> 200000.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 02 / 09 / 2012 </div>	
Transaction ID : F94.000002 Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: MI Barack Obama <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President				Disbursement/Obligation For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee <hr/> Mailing Address of Payee <hr/> City State Zip Code <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s))				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div> Amount <div style="border: 1px solid black; padding: 2px;"> </div> Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY </div>	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<div style="border: 1px solid black; padding: 2px;"> 200000.00 </div>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;"> 200000.00 </div>	